

MAP MAY 7 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14741

Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 231
(b) Township Ward Primary Registration District No. 5215 Registered No. _____
(c) City 2 or _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

George A. Shelton
(a) Residence, No. Rt. 2 Union Turnpike St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl May Shelton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6-1872
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 11 22

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Reeds (STATE OR COUNTRY) Missouri

FATHER
13. NAME Ambrose J. Shelton

14. BIRTHPLACE (CITY OR TOWN) Cape Girardeau (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Eleza Hamner

16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT Ambrose Shelton (ADDRESS) Steville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Steville Cemetery DATE 4/30-1940

19. FUNERAL DIRECTOR (NAME) L. J. Jones (ADDRESS) Steville Mo

20. FILED 5-1, 1940 Blubb Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/28-1940
22. I HEREBY CERTIFY, That I attended deceased from April 21, 1940 to April 28, 1940
I last saw him alive on April 28, 1940. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 4/21/40

Other contributory causes of importance:
Senile Debility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) William H. Keely M.D.
207 (Address) Steville, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

L. J. Jones....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
L. J. Jones
Licensed Embalmer No. *2379*
P. O. Address *Sheffield M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.